

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703-5483)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4	/		/			
5		/	/			
6		/	/			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS						

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					